Approved for use through 7/31/2005, CMB 0451-052 U.S. Palent and Trademerk Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless & displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN (Cotumn 1) SMALL ENTITY (Cotumn 2) OR SMALL ENTITY FOR MAMBER FILED MUMBER EXTRA RATE BASICFEE FEE RATE FEE (D) CFR 1.16(a)) 395 ,790 TOTAL CLAIMS OR (37 CFR 1.16(4) x . 25. miaus 20 x :<u>50</u> : HOEPEHDENT CLAMS OR G7 CFR 1,16(b)) z :100 : minus 3 a x .200. OR MALTIPLE DEPENDENT CLAIM PRESENT OF CFR 1.18(4) ·18D-+1360. QR " If the difference in column 1 is less than zero, enter "O" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II (Cotomo 1) (Column 2) OTHER THAN (Column 3) **QR** SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING PRESENT NUMBER ENDMENT RATE ADDI-AFTER PREVIOUSLY STAR EXTRA ADOF TIONAL AMENDMENT PAID FOR TIONAL FEE Total Minus FEE OF OFF LIE × 25. ×.50. OR Independent Hinus OF OFR LHOS x 1/00: × 1200-OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (D7 CFR 1.16(4)) · 180 · OR TOTAL 150 ADO'L FEE OR (Catumn 1) (Cotumn 2) (Cotumn 3) CLAIMS HIGHEST REMAINING NUMBER PRESENT ENT RATE ADOL AFTER RATE PREVIOUSLY EXTRA ADDI-TIONAL AMENDMENT PAID FOR TIONAL FEE Total AMENDA FEE Minus CHEST PART (II) 1,<u>25</u>. x150. OR Independent Minus (37 CFR 1.1694) x 100. x : 200-OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,1640) + 2 1 KO= +2360 OR TOTAL TOTAL ADOL FEE OR ADD'L FEE (Cotumn 1) (Column 2) (Cotomn 3) CLAIMS HIGHEST REMANING NUMBER PRESENT RATE ADOI-RATE AFTER PREVIOUSLY ADOL EXTRA TIONAL AMENDMENT TIONAL PAID FOR Total / ENDM FEE Mirws CAT COR 1,10019 x 125 x 150. **OR** Independent Minus CONTINUE IS x 400 . ₹ x 1200 = **OR** FIRST PRESENTATION OF MILETIPLE DEPENDENT CLAIM (D7 CFR 1.16(3)) ·180 -OR TOTAL TOTAL ADOI FEE OR ADD'L FEE 4 If the entry in column 1 is less than the entry in column 2, write "O" in column 3. \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is tess than 20, enter "20".

The "leghest Number Proviously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. This collection of information is required by 37 GFR 1,16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commission, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

" If the "Highest Mumber Previously Paid For" IN THIS SPACE is less than 3, enter "3".